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23117 7590 10/27/2004

**NIXON & VANDERHYE, PC**  
1100 N GLEBE ROAD  
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ARLINGTON, VA 22201-4714



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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/611,427	07/02/2003	Yutaka Miyahara	1035-458	2587

**TITLE OF INVENTION: COUPLING STRUCTURE FOR A HOLLOW BODY**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	01/27/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
BOCHNA, DAVID		3679	285-416000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 NIXON & VANDERHYE, P.C.

2 Frank P. Presta

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

01/18/2005 AWONDAF2 00000088 10611427

(A) NAME OF ASSIGNEE

GP DAIKYO CORPORATION

HONDA GIKEN KOGYO KABUSHIKI KAISHA

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

HIROSHIMA, JAPAN

TOKYO, JAPAN

01 FC:1501 1400.00 OP

02 FC:1504 300.00 OP

03 FC:8001 9.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

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A check in the amount of the fee(s) is enclosed.  
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 14-1140 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Frank P. Presta

Date January 13, 2005

Typed or printed name Frank P. Presta

Registration No. 19,828

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